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CONFIRMATION NO. 5264

SERIAL NUMBER 10/519,516	FILING OR 371(c) DATE 12/23/2004 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. CBZ-1249	
APPLICANTS Gerald Lange, Lutzhorn, GERMANY; ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/06365 06/17/2003 ** FOREIGN APPLICATIONS ***** GERMANY 102 28 163.7 06/24/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS 22827					
TITLE Protective device for pacemaker patients or stoma patients					
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		